

Express Mail Label No.: EV312712721US

Date of Deposit: December 11, 2003

Attorney Docket No.: 25669-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR Philip Stashenko, et al.

APPLICATION IDENTIFIER:

FOR: **EXPRESSED GENES THAT DEFINE THE OSTEOCLAST
PHENOTYPE**

MAIL STOP PATENT APPLICATION

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

**REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).

2. ☒ Specification and Drawings (Total pages: 99);
Specification (75 pages); Claims (3 pages); Abstract (1 page); and
Drawings: 20 sheets (Figures 1A – 15H)

☐ Formal
☒ Informal

3. ☒ Declaration and Power of Attorney (3 pages)

☒ Unsigned
☐ Signed

4. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$770
Total Claims (37 C.F.R. 1.16(c))	24	– 20 =	4	\$18.00	\$ 72
Independent Claims (37 C.F.R. 1.16(b))	12	– 3 =	9	\$86.00	\$ 774
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$290.00	\$ 0
				SUBTOTAL:	\$1616
				Reduction by 50% for filing by small entity:	– \$808
				TOTAL FEE:	\$808

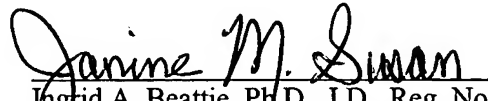
5. ☒ A check in the amount of **\$808** is enclosed.

FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: Philip Stashenko, et al.
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

6. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 25669-003:
- ☒ Fees required under 37 C.F.R. §1.16;
 - ☒ Fees required under 37 C.F.R. §1.17;
 - ☒ Fees required under 37 C.F.R. §1.18.
7. ☒ Return Receipt Postcard Enclosed.

Respectfully submitted,

Dated: December 11, 2003


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